Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
AHMED KHALIFA MD

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-14-2817-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
May 13, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "NON PAYMENT FOLLOWING CARRIER'S RECEIPT OF INITIAL SUBMISSION

We have attached a copy of the original claim/bill and documentation as originally submitted, any copies of Explanation of Benefits/Reimbursement (EOB/EOR) submitted to our office pertaining to this claim, attachments showing proof of request of EOB/EOR that has not been received to date; as well as this letter of claim specifically explaining and outlining our position in accordance with the TDI-DWC Rules and Regulations governing bills/claims submitted in reference to DESIGNATED DOCTOR EXAMINATION."

Amount in Dispute: $500.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual Insurance Company received a TWCC-60 from the above-mentioned requestor. Pursuant to Commission Rule 133.307(d) Texas Mutual files the attached, completed response, and related items. The following is the carrier's statement with respect to this dispute of 2/17/14. The requestor performed an RME exam on the date above and then billed Texas Mutual code 99456-W5-WP. Upon receipt of the billing Texas Mutual reviewed the bill and attached documentation, and then declined to issue payment based on the coding. Section (k) of Rule 134.204 states in part, "…The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 17, 2014	CPT Code 99456-W5-WP	$500.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code§134.204 sets out the fee guideline for workers' compensation specific services

on or after March 1, 2008.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
    - CAC-W1 – WORKERS COMPENSATION STATE FEE SCHEULE ADJUSTMENT
    - CAC-W4 – THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED FOR A REQUIRED MODIFIER IS MISSING
    - 732 – ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT. MODIFIER BILLED INCORRECTLY OR MISSING. SERVICES ARE NOT REIMBURSABLE AS BILLED
    - 892 – DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS

Issues

1. Did the requestor bill the respondent appropriately for the disputed services?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.204(i)(1)(A-C) states “Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor; (B) Attainment of maximum medical improvement shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor; (C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier "W6;"

   Review of submitted documentation finds the requestor was required to perform Extent of Injury Evaluation for the disputed services. Review of medical bills finds the requestor billed with CPT Code 99456-W5-WP with one unit in the amount of $500.00. Therefore, no reimbursement is allowed for CPT Code 99456-W5-WP.
2. The respondent issued payment in the amount of $0.00. Based upon the documentation submitted, no additional reimbursement is recommended

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		11/26/14
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee***

Dispute Resolution Findings and Decision together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.